

CALIFORNIA REGIONAL WATER

AUG 26 2009

QUALITY CONTROL BOARD

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
2008-2009 ANNUAL REPORT  
FOR STORM WATER DISCHARGES ASSOCIATED  
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2008 through June 30, 2009

2008 - 2009 Annual Report Review

SWARM Database

Report Received: 8/28/09 Initials: NM

Data Entered: 8/28/09 Initials: NM

WDID: 2012018112

Confirmation No: 139925

Comments: \_\_\_\_\_

**REGIONAL BOARD INFORMATION:**

San Francisco Bay Region  
1515 Clay Street, Ste.1400  
Oakland, CA 94612

Contact: Rico Duazo  
Tel: (510) 622-2340  
Email: RDuazo@waterboards.ca.gov

**GENERAL INFORMATION**

**A. Facility Information:**

Depot Auto Wreckers  
3764 Depot Rd  
Hayward, CA 94545  
WDID No: 2 011018112

Facility Contact: Mojaddidi Mahboob ~~Moe~~  
Email:  
Phone: 5102665811

SIC Code(s):

5015 Motor Vehicle Parts, Used

**B. Facility Operator Information:**

Depot Auto Wreckers  
3764 Depot Rd  
Hayward, CA 94545

*Mahboob*  
Operator Contact: Hashim Mojaddidi  
Email:  
Phone: 510-266-5811

**C. Facility Billing Information:**

Depot Auto Wreckers  
3764 Depot Rd  
Hayward, CA 94545

*Mahboob*  
Billing Contact: Hashim Mojaddidi  
Email:  
Phone: 510-266-5811

Additional Table D Parameters: Fe,Pb,Al

2008-2009  
**ANNUAL REPORT**

**SPECIFIC INFORMATION**

**MONITORING AND REPORTING PROGRAM**

**D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS**

1. For the reporting period, was your facility exempt from collecting and analyzing samples from **two** storm events in accordance with sections B.12 or 15 of the General Permit?

☒ **YES** Go to Item D.2

☐ **NO** Go to Section E

2. Indicate the reason your facility is exempt from collecting and analyzing samples from **two** storm events. Attach a copy of the first page of the appropriate certification if you check boxes ii, iii, iv, or v.

- i. ☒ Participating in an Approved Group Monitoring Plan

Group Name: NEST EMP

- ii. ☐ Submitted **No Exposure Certification (NEC)**

Date Submitted: \_\_\_\_\_

Re-evaluation Date: \_\_\_\_\_

Does facility continue to satisfy NEC conditions?

☐ **YES**

☐ **NO**

- iii. ☐ Submitted **Sampling Reduction Certification (SRC)**

Date Submitted: \_\_\_\_\_

Re-evaluation Date: \_\_\_\_\_

Does facility continue to satisfy SRC conditions?

☐ **YES**

☐ **NO**

- iv. ☐ Received Regional Board Certification

Certification Date: \_\_\_\_\_

- v. ☐ Received Local Agency Certification

Certification Date: \_\_\_\_\_

3. If you checked boxes i or iii above, were you scheduled to sample **one** storm event during the reporting year?

☐ **YES** Go to Section E

☒ **NO** Go to Section F

4. If you checked boxes ii, iv, or v, go to Section F.

**E. SAMPLING AND ANALYSIS RESULTS**

1. How many storm events did you sample?

If less than 2, **attach explanation** (if you checked item D.2.i or iii. above, only attach explanation if you answer "0").

2. Did you collect storm water samples from the first storm of the wet season that produced a discharge during scheduled facility operating hours? (Section B.5 of the General Permit)

☐ **YES**

☐ **NO**, **attach explanation** (Please note that if you do not sample the first storm event, you are still required to sample 2 storm events)

3. How many storm water discharge locations are at your facility? \_\_\_\_\_

4. For each storm event sampled, did you collect and analyze a sample from each of the facilities' storm water discharge locations? ☐ YES, go to Item E.6 ☐ NO
5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? ☐ YES ☐ NO, **attach explanation**
- If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.
- Date facility's drainage areas were last evaluated \_\_\_\_\_
6. Were all samples collected during the first hour of discharge? ☐ YES ☐ NO, **attach explanation**
7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? ☐ YES ☐ NO, **attach explanation**
8. Were there any discharges of stormwater that had been temporarily stored or contained? (such as from a pond) ☐ YES ☐ NO, go to Item E.10
9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) ☐ YES ☐ NO, **attach explanation**
10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.
- a. Does Table D contain any additional parameters related to your facility's SIC code(s)? ☐ YES ☐ NO, Go to Item E.11
- b. Did you analyze all storm water samples for the applicable parameters listed in Table D? ☐ YES ☐ NO
- c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:
- \_\_\_\_\_ In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**
- \_\_\_\_\_ The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**
- \_\_\_\_\_ Other. **Attach explanation**
11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:
- Date and time of sample collection
  - Name and title of sampler.
  - Parameters tested.
  - Name of analytical testing laboratory.
  - Discharge location identification.
  - Testing results.
  - Test methods used.
  - Test detection limits.
  - Date of testing.
  - Copies of the laboratory analytical results.

F. QUARTERLY VISUAL OBSERVATIONS

1. **Authorized Non-Storm Water Discharges**

Section B.3.b of the General Permit requires quarterly visual observations of all authorized non-storm water discharges and their sources.

- a. Do authorized non-storm water discharges occur at your facility?

☐

YES

☒

NO

Go to Item F.2

- b. Indicate whether you visually observed all authorized non-storm water discharges and their sources during the quarters when they were discharged. **Attach an explanation for any "NO" answers.** Indicate "N/A" for quarters without any authorized non-storm water discharges.

July -September ☐ YES ☐ NO ☐ N/A

October-December ☐ YES ☐ NO ☐ N/A

January-March ☐ YES ☐ NO ☐ N/A

April-June ☐ YES ☐ NO ☐ N/A

- c. Use **Form 2** to report quarterly visual observations of authorized non-storm water discharges or provide the following information.

- i. name of each authorized non-storm water discharge
- ii. date and time of observation
- iii. source and location of each authorized non-storm water discharge
- iv. characteristics of the discharge at its source and impacted drainage area/discharge location
- v. name, title, and signature of observer
- vi. **any** new or revised BMPs necessary to reduce or prevent pollutants in authorized non-storm water discharges. Provide new or revised BMP implementation date.

2. **Unauthorized Non-Storm Water Discharges**

Section B.3.a of the General Permit requires quarterly visual observations of all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources.

- a. Indicate whether you visually observed all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources. **Attach an explanation for any "NO" answers.**

July -September ☐ YES ☒ NO

October-December ☒ YES ☐ NO

January-March ☐ YES ☒ NO

April-June ☒ YES ☐ NO

- b. Based upon the quarterly visual observations, were any unauthorized non-storm water discharges detected?

☐

YES

☒

NO

Go to item F.2.d

- c. Have each of the unauthorized non-storm water discharges been eliminated or permitted?

☐

YES

☐

NO Attach explanation

- d. Use **Form 3** to report quarterly unauthorized non-storm water discharge visual observations or provide the following information.

- i. name of each unauthorized non-storm water discharge.
- ii. date and time of observation.
- iii. source and location of each unauthorized non-storm water discharge.
- iv. characteristics of the discharge at its source and impacted drainage area/discharge location.
- v. name, title, and signature of observer.
- vi. **any** corrective actions necessary to eliminate the source of each unauthorized non-storm water discharge and to clean impacted drainage areas. Provide date unauthorized non-storm water discharge(s) was eliminated or scheduled to be eliminated.

*There are no non-storm water runoffs at this facility*

*NEST forms 3 attached*



### G. MONTHLY WET SEASON VISUAL OBSERVATIONS

Section B.4.a of the General Permit requires you to conduct monthly visual observations of storm water discharges at all storm water discharge locations during the wet season. These observations shall occur during the first hour of discharge or, in the case of temporarily stored or contained storm water, at the time of discharge.

1. Indicate below whether monthly visual observations of storm water discharges occurred at all discharge locations. **Attach an explanation for any "NO" answers.** Include in this explanation whether any eligible storm events occurred during scheduled facility operating hours that did not result in a storm water discharge, and provide the date, time, name and title of the person who observed that there was no storm water discharge.

	YES	NO
October	<input checked="" type="checkbox"/>	<input type="checkbox"/>
November	<input checked="" type="checkbox"/>	<input type="checkbox"/>
December	<input checked="" type="checkbox"/>	<input type="checkbox"/>
January	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	YES	NO
February	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
March	<input checked="" type="checkbox"/>	<input type="checkbox"/>
April	<input checked="" type="checkbox"/>	<input type="checkbox"/>
May	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*lost farm*

2. Report monthly wet season visual observations using **Form 4** or provide the following information.

- a. date, time, and location of observation
- b. name and title of observer
- c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed.
- d. **any** new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. Provide new or revised BMP implementation date.

*NEST forms if attached*

### ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

#### H. ACSCE CHECKLIST

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1-June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete a ACSCE. Indicate whether you have performed each step below. **Attach an explanation for any "NO" answers.**

1. Have you inspected all potential pollutant sources and industrial activities areas? ☒ YES ☐ NO  
The following areas should be inspected:

- |  |   |
|--|---|
| • areas where spills and leaks have occurred during the last year. | • building repair, remodeling, and construction |
| • outdoor wash and rinse areas.                                    | • material storage areas                        |
| • process/manufacturing areas.                                     | • vehicle/equipment storage areas               |
| • loading, unloading, and transfer areas.                          | • truck parking and access areas                |
| • waste storage/disposal areas.                                    | • rooftop equipment areas                       |
| • dust/particulate generating areas.                               | • vehicle fueling/maintenance areas             |
| • erosion areas.   | • non-storm water discharge generating areas    |

2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? ☒ YES ☐ NO

3. Have you inspected the entire facility to verify that the SWPPP's site map, is up-to-date? The following site map items should be verified: ☒ YES ☐ NO

- |   |  |
|---|--|
| • facility boundaries                       | • storm water discharges locations   |
| • outline of all storm water drainage areas | • storm water collection and conveyance system   |
| • areas impacted by run-on                  | • structural control measures such as catch basins, berms, containment areas, oil/water separators, etc. |

4. Have you reviewed all General Permit compliance records generated since the last annual evaluation?

☒ YES

☐ NO

The following records should be reviewed:

- quarterly authorized non-storm water discharge visual observations
- monthly storm water discharge visual observation
- records of spills/leaks and associated clean-up/response activities
- quarterly unauthorized non-storm water discharge visual observations
- Sampling and Analysis records
- preventative maintenance inspection and maintenance records

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit?

☒ YES

☐ NO

The following SWPPP items should be reviewed:

- pollution prevention team
- list of significant materials
- description of potential pollutant sources
- assessment of potential pollutant sources
- identification and description of the BMPs to be implemented for each potential pollutant source

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented?

☒ YES

☐ NO

The following BMP categories should be reviewed:

- good housekeeping practices
- spill response
- employee training
- erosion control
- quality assurance
- preventative maintenance
- material handling and storage practices
- waste handling/storage
- structural BMPs

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected?

☒ YES

☐ NO

#### I. ACSCE EVALUATION REPORT

The facility operator is required to provide an evaluation report that includes:

- identification of personnel performing the evaluation
- the date(s) of the evaluation
- necessary SWPPP revisions
- schedule for implementing SWPPP revisions
- any incidents of non-compliance and the corrective actions taken.

Use **Form 5** to report the results of your evaluation or develop an equivalent form.

*NEST Form 5 attached*

#### J. ACSCE CERTIFICATION

The facility operator is required to certify compliance with the Industrial Activities Storm Water General Permit. To certify compliance, both the SWPPP and Monitoring Program must be up to date and be fully implemented.

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit?

*\**

☒ YES

☐ NO

If you answered "NO" **attach an explanation** to the ACSCE Evaluation Report why you are not in compliance with the Industrial Activities Storm Water General Permit.

*\* Annual Report submitted late due to owner's illness & surgery out of country.*

## ATTACHMENT SUMMARY

Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

1. Have you attached Forms 1,2,3,4, and 5 or their equivalent? ☒ YES (Mandatory)
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports? ☐ YES ☐ NO ☒ NA
3. If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications? ☐ YES ☐ NO ☒ NA
4. Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J? ☒ YES ☐ NO ☐ NA

*see attached*

## ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: Mojibdy mahboob

Signature: *[Signature]* Date: 8.20.09

Title: owner

Attachment Summary for Depot Auto Wreckers

WDID 2 011018112

Annual Report 2008-09

The owner of this facility, Mr. Mahboob Mojaddidi, has been ill and out of the country for surgery. His on-site supervisor was not trained to prepare and submit the Annual Report by the due date of July 1, 2009, but did keep track of the required monitoring until the owner returned. BMP's are implemented as well.

This facility has submitted its previous reports and complied with SWPPP requirements, and asks that this be given your consideration for late submittal of this report.

Sincerely,

s/Mahboob Mojaddidi, Owner

2008-2009

# FORM 3: Quarterly NON-STORM WATER DISCHARGE (Dry Weather) Visual Observations

4th Qtr: Apr-June, 2009

- **ONLY ON DRY DAYS!** Make your quarterly, visual observations for any non-storm water discharges.
- See list of **EXAMPLES** of NON-STORM WATER DISCHARGES inside front cover of SWPPP binder.
- Observe locations where storm water leaves your facility: see location(s) in left column below. Then circle **NO** if you do not see any Non-Storm Water Discharge, or **YES** if you do. If **Yes**, circle / describe its appearance, circle the source and then state your corrective action to eliminate the discharge and the elimination date - within 90 DAYS of reporting it.
- Unauthorized Non-Storm Water Discharges must be eliminated and reported in the Annual Report, Item F.2.

Name of Company: Depot Auto Wreckers

WDID #: 2 011018112

Inspector's Name: Mahboob Mojaddidi

Signature: 

DRY DAY Date &amp; Time of Observation: 5.30.09

Storm Water Discharge (runoff) Locations on Site Map	Do you see any water, other fluids or solids running off?	If <u>YES</u> , Describe / Circle all Appearances that Apply	If <u>YES</u> , Identify / Circle Source(s) (car, hand, pavement washing; fluid draining area	If <u>YES</u> , then STATE Corrective Actions to Eliminate Discharge and Elimination Date
Storm Drains: SD#1 SD#2	YES or NO	Clear; Cloudy? Muddy or Murky? Oil or Grease sheen? Floating materials? Dry material?	Steam/Wash area Car/hand washing Washing Pavement HazWaste fluids Dumped waste	
Entrance by Office; SD #3	YES or NO	Clear; Cloudy? Muddy or Murky? Oil or Grease sheen? Floating materials? Dry material?	Steam/Wash area Car/hand washing Washing Pavement HazWaste fluids Dumped waste	
SD (2) at rear of facility	YES or NO	Clear; Cloudy? Muddy or Murky? Oil or Grease sheen? Floating materials? Dry material?	Steam/Wash area Car/hand washing Washing Pavement HazWaste fluids Dumped waste	
If Other Location(s), Describe:	YES or NO	Clear; Cloudy? Muddy or Murky? Oil or Grease sheen? Floating materials? Dry material?	Steam/Wash area Car/hand washing Washing Pavement HazWaste fluids Dumped waste	

**Fill out both forms - Put one copy in your SWPPP Binder, Appendix D, and  
Return one copy to NEST Environmental Services.**

2008-2009

# **FORM 3: Quarterly NON-STORM WATER DISCHARGE (Dry Weather)** **Visual Observations**

**2nd Qtr: Oct-Dec, 2008**

- **ONLY ON DRY DAYS!** Make your quarterly, visual observations for any non-storm water discharges.
- See list of **EXAMPLES** of NON-STORM WATER DISCHARGES inside front cover of SWPPP binder.
- Observe locations where storm water leaves your facility: see location(s) in left column below. Then circle **NO** if you do not see any Non-Storm Water Discharge, or **YES** if you do. If **Yes**, circle / describe its appearance, circle the source and then state your corrective action to eliminate the discharge and the elimination date - within 90 DAYS of reporting it.
- Unauthorized Non-Storm Water Discharges must be eliminated and reported in the Annual Report, Item F.2.

Name of Company: Depot Auto Wreckers

WDID #: 2 011018112

Inspector's Name: Mahboob Mojaddidi

Signature: 

DRY DAY Date & Time of Observation: 10 28 08 at 11 am

Storm Water Discharge (runoff) Locations on Site Map	Do you see any water, other fluids or solids running off?	If <u>YES</u> , Describe / Circle all Appearances that Apply	If <u>YES</u> , Identify / Circle Source(s) (car, hand, pavement washing; fluid draining area)	If <u>YES</u> , then STATE Corrective Actions to Eliminate Discharge and Elimination Date
Storm Drains: SD#1 SD#2	YES or <u>NO</u>	Clear; Cloudy? Muddy or Murky? Oil or Grease sheen? Floating materials? Dry material?	Steam/Wash area Car/hand washing Washing Pavement HazWaste fluids Dumped waste	
Entrance by Office; SD #3	YES or <u>NO</u>	Clear; Cloudy? Muddy or Murky? Oil or Grease sheen? Floating materials? Dry material?	Steam/Wash area Car/hand washing Washing Pavement HazWaste fluids Dumped waste	
SD (2) at rear of facility	YES or <u>NO</u>	Clear; Cloudy? Muddy or Murky? Oil or Grease sheen? Floating materials? Dry material?	Steam/Wash area Car/hand washing Washing Pavement HazWaste fluids Dumped waste	
If Other Location(s), Describe:	YES or <u>NO</u>	Clear; Cloudy? Muddy or Murky? Oil or Grease sheen? Floating materials? Dry material?	Steam/Wash area Car/hand washing Washing Pavement HazWaste fluids Dumped waste	

**Fill out both forms - Put one copy in your SWPPP Binder, Appendix D, and Return one copy to NEST Environmental Services.**

**FORM 4: Monthly WET WEATHER Visual Observations 2008-2009****May, 2009**

- **What to do:** Record below date and time of your storm water discharge observation. Also record dates and times of observation of rain events with no discharges during business hours prior to your discharge observation. SIGN form.
- **Circle the location, condition and source:** Write down any comments, corrective action(s) and completion date(s).
- **When to do it:** During the **first hour** of the discharge or rain event, during **regular business hours** and for at least one storm in this month.

Name of Company: Depot Auto WreckersWDID #: 2 011018112Inspector's Name: Mahboob MojaddidiSignature: [Signature]DATE of Storm Water Discharge observation 5.2.09 START TIME of storm: 10:30

DATES &amp; TIMES of rain events with NO discharges during operating hours: enter below or use back side as needed. Return at end of month.

Check here \_\_\_\_\_ if NO RAIN this month; wait until END of month before checking this.

<input checked="" type="radio"/> Circle	<input checked="" type="radio"/> Circle	<input checked="" type="radio"/> Circle	<b>E</b> Write: Comments and Corrective Actions Taken to Reduce or Eliminate Pollution and Date to Complete (90 days max.)
Site Map locations of storm water discharge	All the conditions that describe the storm water discharges at that discharge location	Areas or Sources of the contamination (uncovered oily parts, drips, spills, etc.) and Pollutants: (oil, sludge, antifreeze, debris, dirt, etc.)	
Storm Drains: <u>SD#1</u> SD#2	Clear? <u>Oil or Grease Sheen</u> Muddy or Murky? Other? Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	<u>Clean as needed</u>
Entrance by Office; SD #3	Clear? <u>Oil or Grease Sheen</u> Muddy or Murky? Other? Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	
SD (2) at rear of facility	Clear? <u>Oil or Grease Sheen</u> Muddy or Murky? Other? Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	
If other: (describe)	Clear? Oil or Grease Sheen? Muddy or Murky? Other Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	

**Complete both forms - Put one copy in your SWPPP Binder, Appendix D, and Return one copy to NEST in the enclosed envelope.**



**FORM 4: Monthly WET WEATHER Visual Observations 2008-2009****April, 2009**

- **What to do:** Record below date and time of your storm water discharge observation. Also record dates and times of observation of rain events with no discharges during business hours prior to your discharge observation. SIGN form.
- **Circle the location, condition and source; Write down any comments, corrective action(s) and completion date(s).**
- **When to do it:** During the **first hour** of the discharge or rain event, during **regular business hours** and for at least one storm in this month.

Name of Company: Depot Auto WreckersWDID #: 2 011018112Inspector's Name: Mahboob MojaddidiSignature: [Signature]DATE of Storm Water Discharge observation 4.7.09 START TIME of storm: 3:30

DATES &amp; TIMES of rain events with NO discharges during operating hours: enter below or use back side as needed. Return at end of month.

Check here ☐ if NO RAIN this month; wait until END of month before checking this.

<input type="checkbox"/> Circle	<input type="checkbox"/> Circle	<input type="checkbox"/> Circle	Write: Comments and Corrective Actions Taken to Reduce or Eliminate Pollution and Date to Complete (90 days max.)
Site Map locations of storm water discharge	All the conditions that describe the storm water discharges at that discharge location	Areas or Sources of the contamination (uncovered oily parts, drips, spills, etc.) and Pollutants: (oil, sludge, antifreeze, debris, dirt, etc.)	
Storm Drains: SD#1 SD#2	Clear? <u>Oil or Grease Sheen</u> Muddy or Murky? Other? Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	<u>Clean as need it</u>
Entrance by Office; SD #3	Clear? <u>Oil or Grease Sheen</u> <u>Muddy or Murky?</u> Other? Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	
SD (2) at rear of facility	Clear? <u>Oil or Grease Sheen</u> Muddy or Murky? Other? Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	
If other: (describe)	Clear? <u>Oil or Grease Sheen?</u> Muddy or Murky? Other Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	

**Complete both forms - Put one copy in your SWPPP Binder, Appendix D, and Return one copy to NEST in the enclosed envelope.**



**FORM 4: Monthly WET WEATHER Visual Observations 2008-2009****March, 2009**

• **What to do:** Record below date and time of your storm water discharge observation. Also record dates and times of observation of rain events with no discharges during business hours prior to your discharge observation. SIGN form.

• **Circle** the location, condition and source; **Write** down any comments, corrective action(s) and completion date(s).

• **When to do it:** During the **first hour** of the discharge or rain event, during **regular business hours** and for at least one storm in this month.

Name of Company: Depot Auto WreckersWDID #: 2 011018112Inspector's Name: Mahboob MojadidiSignature: [Signature]DATE of Storm Water Discharge observation 3.3.09 START TIME of storm: 10:50 Am

DATES & TIMES of rain events with NO discharges during operating hours: enter below or use back side as needed. Return at end of month.

Check here \_\_\_\_\_ if NO RAIN this month; wait until END of month before checking this \_\_\_\_\_

<input checked="" type="radio"/> Circle	<input checked="" type="radio"/> Circle	<input checked="" type="radio"/> Circle	<input checked="" type="radio"/> Write: Comments and Corrective Actions Taken to Reduce or Eliminate Pollution and Date to Complete (90 days max.)
Site Map locations of storm water discharge	All the conditions that describe the storm water discharges at that discharge location	Areas or Sources of the contamination (uncovered oily parts, drips, spills, etc.) and Pollutants: (oil, sludge, antifreeze, debris, dirt, etc.)	
Storm Drains: SD#1 SD#2	Clear? <u>Oil or Grease Sheen</u> Muddy or Murky? Other? Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	<u>clean as needed</u>
Entrance by Office; SD #3	<u>Clear?</u> Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	
SD (2) at rear of facility	Clear? <u>Oil or Grease Sheen</u> <u>Muddy or Murky?</u> Other? Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	
If other: (describe)	<u>Clear?</u> Oil or Grease Sheen? Muddy or Murky? Other Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	

**Complete both forms - Put one copy in your SWPPP Binder, Appendix D, and Return one copy to NEST in the enclosed envelope.**

**FORM 4: Monthly WET WEATHER Visual Observations 2008-2009****January, 2009**

- **What to do:** Record below date and time of your storm water discharge observation. Also record dates and times of observation of rain events with no discharges during business hours prior to your discharge observation. SIGN form.
- **Circle the location, condition and source; Write down any comments, corrective action(s) and completion date(s).**
- **When to do it:** During the **first hour** of the discharge or rain event, during **regular business hours** and for at least one storm in this month.

Name of Company: Depot Auto WreckersWDID #: 2 011018112Inspector's Name: Mahboob MojaddidiSignature: [Signature]DATE of Storm Water Discharge observation 1.22.09 START TIME of storm: 11:30

DATES &amp; TIMES of rain events with NO discharges during operating hours: enter below or use back side as needed. Return at end of month.

Check here ☐ if NO RAIN this month; wait until END of month before checking this.

<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">Circle</div>	<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">Circle</div>	<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">Circle</div>	<b>E</b> Write: Comments and Corrective Actions Taken to Reduce or Eliminate Pollution and Date to Complete (90 days max.)
<b>Site Map locations of storm water discharge</b>	<b>All the conditions that describe the storm water discharges at that discharge location</b>	<b>Areas or Sources of the contamination (uncovered oily parts, drips, spills, etc.) and Pollutants: (oil, sludge, antifreeze, debris, dirt, etc.)</b>	
Storm Drains: SD#1 SD#2	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	<i>Clear as needed</i>
Entrance by Office; SD #3	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	
SD (2) at rear of facility	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	
If other: (describe)	Clear? Oil or Grease Sheen? Muddy or Murky? Other Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	

**Complete both forms - Put one copy in your SWPPP Binder, Appendix D, and Return one copy to NEST in the enclosed envelope.**

**FORM 4: Monthly WET WEATHER Visual Observations 2008-2009****December, 2008**

- **What to do:** Record below date and time of your storm water discharge observation. Also record dates and times of observation of rain events with no discharges during business hours prior to your discharge observation. SIGN form.
- **Circle the location, condition and source; Write down any comments, corrective action(s) and completion date(s).**
- **When to do it:** During the **first hour** of the discharge or rain event, during **regular business hours** and for at least one storm in this month.

Name of Company: Depot Auto WreckersWDID #: 2 011018112Inspector's Name: Mahboob MojaddidiSignature: [Signature]DATE of Storm Water Discharge observation 12.13.08 START TIME of storm: 11.20 Am.

DATES &amp; TIMES of rain events with NO discharges during operating hours: use back side as needed:

Check here \_\_\_\_\_ if NO RAIN this month; wait until END of month before checking this.

<input checked="" type="checkbox"/> Circle	<input checked="" type="checkbox"/> Circle	<input checked="" type="checkbox"/> Circle	<input checked="" type="checkbox"/> Write: Comments and Corrective Actions Taken to Reduce or Eliminate Pollution and Date to Complete (90 days max.)
Site Map locations of storm water discharge	All the conditions that describe the storm water discharges at that discharge location	Areas or Sources of the contamination (uncovered oily parts, drips, spills, etc.) and Pollutants: (oil, sludge, antifreeze, debris, dirt, etc.)	
Storm Drains: SD#1 SD#2	<input checked="" type="radio"/> Clear? <input type="radio"/> Oil or Grease Sheen <input type="radio"/> Muddy or Murky? <input type="radio"/> Other? <input type="radio"/> Floating Materials?	Fluid Draining HazWaste storage Engine / Transmissions storage Rear end storage Debris, loose dirt, trash, leaves	Dismantling area Crusher area Vehicles storage
Entrance by Office; SD #3	<input checked="" type="radio"/> Clear? <input type="radio"/> Oil or Grease Sheen <input type="radio"/> Muddy or Murky? <input type="radio"/> Other? <input type="radio"/> Floating Materials?	Fluid Draining HazWaste storage Engine / Transmissions storage Rear end storage Debris, loose dirt, trash, leaves	Dismantling area Crusher area Vehicles storage
SD (2) at rear of facility	<input checked="" type="radio"/> Clear? <input type="radio"/> Oil or Grease Sheen <input type="radio"/> Muddy or Murky? <input type="radio"/> Other? <input type="radio"/> Floating Materials?	Fluid Draining HazWaste storage Engine / Transmissions storage Rear end storage Debris, loose dirt, trash, leaves	Dismantling area Crusher area Vehicles storage
If other: (describe)	<input checked="" type="radio"/> Clear? <input type="radio"/> Oil or Grease Sheen? <input type="radio"/> Muddy or Murky? <input type="radio"/> Other <input type="radio"/> Floating Materials?	Fluid Draining HazWaste storage Engine / Transmissions storage Rear end storage Debris, loose dirt, trash, leaves	Dismantling area Crusher area Vehicles storage

**Complete both forms - Put one copy in your SWPPP Binder, Appendix D, and Return one copy to NEST in the enclosed envelope.**

**FORM 4: Monthly WET WEATHER Visual Observations 2008-2009****November, 2008**

- **What to do:** Record below date and time of your storm water discharge observation. Also record dates and times of observation of rain events with no discharges during business hours prior to your discharge observation. SIGN form.
- **Circle the location, condition and source; Write down any comments, corrective action(s) and completion date(s).**
- **When to do it:** During the **first hour** of the discharge or rain event, during **regular business hours** and for at least one storm in this month.

Name of Company: Depot Auto WreckersWDID #: 2011018112Inspector's Name: Mahboob MojaddidiSignature: DATE of Storm Water Discharge observation 11/03/08 START TIME of storm: 3:30

DATES &amp; TIMES of rain events with NO discharges during operating hours: use back side as needed:

Check here \_\_\_\_\_ if NO RAIN this month; wait until END of month before checking this.

<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">Circle</div>	<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">Circle</div>	<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">Circle</div>	<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">E</div> Write: Comments and Corrective Actions Taken to Reduce or Eliminate Pollution and Date to Complete (90 days max.)
Site Map locations of storm water discharge	All the conditions that describe the storm water discharges at that discharge location	Areas or Sources of the contamination (uncovered oily parts, drips, spills, etc.) and Pollutants: (oil, sludge, antifreeze, debris, dirt, etc.)	
Storm Drains: SD#1 SD#2	Clear? Oil or Grease Sheen <u>Muddy or Murky?</u> Other? Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	<u>absorbent</u> <u>oil absorbed</u> <u>attended to</u> <u>rain</u>
Entrance by Office; SD #3	<u>Clear?</u> Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	
SD (2) at rear of facility	<u>Clear?</u> Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	
If other: (describe)	<u>Clear?</u> Oil or Grease Sheen Muddy or Murky? Other Floating Materials?	Fluid Draining    Dismantling area HazWaste storage    Crusher area Engine / Transmissions storage Rear end storage    Vehicles storage Debris, loose dirt, trash, leaves	

**Complete both forms - Put one copy in your SWPPP Binder, Appendix D, and Return one copy to NEST in the enclosed envelope.**

# FORM 4: Monthly WET WEATHER Visual Observations 2008-2009

October, 2008

- What to do:** Record below date and time of your storm water discharge observation. Also record dates and times of observation of rain events with no discharges during business hours prior to your discharge observation. SIGN form.

**Circle** the location, condition and source; **Write** down any comments, corrective action(s) and completion date(s).

- When to do it:** During the **first hour** of the discharge or rain event, during **regular business hours** and for at least one storm in this month.

Name of Company: Depot Auto Wreckers

WDID #: 2 011018112


Inspector's Name: Mahboob Mojaddidi

Signature: 

DATE of Storm Water Discharge observation 10.28.08 START TIME of storm: \_\_\_\_\_

DATES & TIMES of rain events with NO discharges during operating hours: use back side as needed:

Check here \_\_\_\_\_ if NO RAIN this month; wait until END of month before checking this.

<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">Circle</div>	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">Circle</div>	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">Circle</div>	 Write: Comments and Corrective Actions Taken to Reduce or Eliminate Pollution and Date to Complete (90 days max.)
Site Map locations of storm water discharge	All the conditions that describe the storm water discharges at that discharge location	Areas or Sources of the contamination (uncovered oily parts, drips, spills, etc.) and Pollutants: (oil, sludge, antifreeze, debris, dirt, etc.)	
Storm Drains: SD#1 SD#2	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining      Dismantling area HazWaste storage      Crusher area Engine / Transmissions storage Rear end storage      Vehicles storage Debris, loose dirt, trash, leaves	
Entrance by Office; SD #3	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining      Dismantling area HazWaste storage      Crusher area Engine / Transmissions storage Rear end storage      Vehicles storage Debris, loose dirt, trash, leaves	
SD (2) at rear of facility	Clear? Oil or Grease Sheen Muddy or Murky? Other? Floating Materials?	Fluid Draining      Dismantling area HazWaste storage      Crusher area Engine / Transmissions storage Rear end storage      Vehicles storage Debris, loose dirt, trash, leaves	
If other: (describe)	Clear? Oil or Grease Sheen? Muddy or Murky? Other Floating Materials?	Fluid Draining      Dismantling area HazWaste storage      Crusher area Engine / Transmissions storage Rear end storage      Vehicles storage Debris, loose dirt, trash, leaves	

**Complete both forms - Put one copy in your SWPPP Binder, Appendix D, and Return one copy to NEST in the enclosed envelope.**



SIDE A

FORM 5-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION  
POTENTIAL POLLUTANT SOURCE / INDUSTRIAL ACTIVITY BMP STATUS

Business Name: Deot Auto Wrecker

WDID#: 2012018112

EVALUATION DATE: 3/20/08

INSPECTOR NAME: Najadiddy

TITLE: Owner

SIGNATURE: [Signature]

CROSS OUT ANY ACTIVITIES BELOW NOT AT YOUR FACILITY.

POTENTIAL POLLUTANT SOURCE/ INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	ARE ANY BMPs IN THE SWPPP -see BMPs at Table 3 in SWPPP- NOT FULLY IMPLEMENTED?  YES NO	ARE ADDITIONAL/REVISED BMPs NECESSARY?  YES NO	If yes to either question, complete the next two columns of this form.	Describe deficiencies in BMPs or BMP implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
<b>UNLOADING</b>	YES NO	YES NO	If yes to either question, complete the next two columns of this form.		
<b>POTENTIAL POLLUTANT SOURCE/ INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</b>	YES NO	YES NO	If yes to either question, complete the next two columns of this form.		
<b>FLUID DRAINING / DISMANTLING</b>	YES NO	YES NO	If yes to either question, complete the next two columns of this form.		
<b>POTENTIAL POLLUTANT SOURCE/ INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</b>	YES NO	YES NO	If yes to either question, complete the next two columns of this form.		
<b>HAZARDOUS MATERIAL STORAGE</b> Oil, Antifreeze, Fuel, Oil Filters, Mercury Switches	YES NO	YES NO	If yes to either question, complete the next two columns of this form.		
<b>POTENTIAL POLLUTANT SOURCE/ INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)</b>	YES NO	YES NO	If yes to either question, complete the next two columns of this form.		
<b>RESALE STORAGE</b> Engines, Transmissions, Rear Ends, Differentials Torque converters, misc. oily parts	YES NO	YES NO	If yes to either question, complete the next two columns of this form.		

Turn page over and continue onto SIDE B

**FORM 5 (Continued)-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION  
POTENTIAL POLLUTANT SOURCE / INDUSTRIAL ACTIVITY BMP STATUS**

EVALUATION DATE: 1/1 INSPECTOR NAME:                      TITLE:                      SIGNATURE:                       
CROSS OUT ANY ACTIVITIES BELOW NOT AT YOUR FACILITY.

<b>POTENTIAL POLLUTANT SOURCE / INDUSTRIAL ACTIVITY AREA</b> (as identified in your SWPPP)  <b>CORE STORAGE</b> Engines, Transmissions, Rear Ends, Differentials, Torque converters, misc. oily parts	ARE ANY BMPs IN THE SWPPP -see BMPs at Table 6 in SWPPP. NOT FULLY IMPLEMENTED?  YES <input checked="" type="radio"/> NO <input type="radio"/>  ARE ADDITIONAL/REVISED BMPs NECESSARY?  YES <input type="radio"/> NO <input checked="" type="radio"/>	If yes to either question, complete the next two columns of this form.	Describe deficiencies in BMPs or BMP implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
<b>POTENTIAL POLLUTANT SOURCE / INDUSTRIAL ACTIVITY AREA</b> (as identified in your SWPPP)  <b>RADIATORS</b> Cores and resale	ARE ANY BMPs IN THE SWPPP -see BMPs at Table 7 in SWPPP. NOT FULLY IMPLEMENTED?  YES <input type="radio"/> NO <input checked="" type="radio"/>  ARE ADDITIONAL/REVISED BMPs NECESSARY?  YES <input type="radio"/> NO <input checked="" type="radio"/>	If yes to either question, complete the next two columns of this form.	Describe deficiencies in BMPs or BMP implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
<b>POTENTIAL POLLUTANT SOURCE / INDUSTRIAL ACTIVITY AREA</b> (as identified in your SWPPP)  <b>BATTERIES</b> Cores and resale	ARE ANY BMPs IN THE SWPPP -see BMPs at Table 7 in SWPPP. NOT FULLY IMPLEMENTED?  YES <input type="radio"/> NO <input checked="" type="radio"/>  ARE ADDITIONAL/REVISED BMPs NECESSARY?  YES <input type="radio"/> NO <input checked="" type="radio"/>	If yes to either question, complete the next two columns of this form.	Describe deficiencies in BMPs or BMP implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation
<b>POTENTIAL POLLUTANT SOURCE / INDUSTRIAL ACTIVITY AREA</b> (as identified in your SWPPP)  <b>VEHICLE STORAGE</b>	ARE ANY BMPs IN THE SWPPP -see BMPs at Table 8 in SWPPP. NOT FULLY IMPLEMENTED?  YES <input type="radio"/> NO <input checked="" type="radio"/>  ARE ADDITIONAL/REVISED BMPs NECESSARY?  YES <input type="radio"/> NO <input checked="" type="radio"/>	If yes to either question, complete the next two columns of this form.	Describe deficiencies in BMPs or BMP implementation	Describe additional/revise BMPs or corrective actions and their date(s) of implementation

See next page and continue on SIDE C

FORM 5 (Continued)-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION  
POTENTIAL POLLUTANT SOURCE / INDUSTRIAL ACTIVITY BMP STATUS

Business Name: West Valley INSPECTOR NAME: Chris  
EVALUATION DATE: 08/12 WDID#: 08112  
SIGNATURE: [Signature] TITLE: owner

CROSS OUT ANY ACTIVITIES BELOW NOT AT YOUR FACILITY.

POTENTIAL POLLUTANT SOURCE/ INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	ARE ANY BMPs IN THE SWPPP -see BMPs at Table 11 in SWPPP- NOT FULLY IMPLEMENTED?	YES NO	If yes to either question, complete the next two columns of this form.	Describe deficiencies in BMPs or BMP Implementation	Describe additional/revised BMPs or corrective actions and their date(s) of Implementation
<del><b>PARTS CLEANING</b> Water, Steam or Solvent</del>	ARE ADDITIONAL/REVISED BMPs NECESSARY?	YES NO			
<del><b>MAINTENANCE SHOP</b> (If separate from dismantling area)</del>	ARE ANY BMPs IN THE SWPPP -see BMPs at Table 10 in SWPPP- NOT FULLY IMPLEMENTED?	YES NO	If yes to either question, complete the next two columns of this form.	Describe deficiencies in BMPs or BMP Implementation	Describe additional/revised BMPs or corrective actions and their date(s) of Implementation
<del><b>CRUSHING</b> Owner or Contractor (Mercury switches removed before?)</del>	ARE ANY BMPs IN THE SWPPP -see BMPs at Table 9 in SWPPP- NOT FULLY IMPLEMENTED?	YES NO	If yes to either question, complete the next two columns of this form.	Describe deficiencies in BMPs or BMP Implementation	Describe additional/revised BMPs or corrective actions and their date(s) of Implementation
<b>OTHER (describe)</b>	ARE ANY BMPs IN THE SWPPP NOT FULLY IMPLEMENTED?	YES NO	If yes to either question, complete the next two columns of this form.	Describe deficiencies in BMPs or BMP Implementation	Describe additional/revised BMPs or corrective actions and their date(s) of Implementation